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| ,   |   |   |                       |              |                              |                  |       |               | Application or Docket Number                  |                        |          |            |                        |  |
|---|---|---|-----------------------|--------------|------------------------------|------------------|-------|---------------|---|------------------------|----------|------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000                |   |   |                       |              |                              |                  |       |               | 09766922                                      |                        |          |            |                        |  |
| 4   | 15/19/11  | TLAIMS AS                                 | (Column 1) (Colum     |              |                              | nn 2)            |       |               | L ENTITY                                      |                        | OR       | OTHER THAN |                        |  |
| TOTAL CLAIMS  |   |   |                       |              |                              |                  |       | RATE          | =   | FEE                    | •        | RATE       | FEE                    |  |
| FOR   |   |   | NUMBER FILED          |              | NUMBE                        | NUMBER EXTRA     |       | BASIC FEE 355 |   | 355.00                 | OR       | BASIC FEE  | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 30 minus 20=          |              | . 10                         |                  |       | X\$ 9=        |   |                        | OR       | X\$18=     | 120                    |  |
| INDEPENDENT CLAIMS  |   |   | 4 minus 3 =           |              | •                            |                  |       | X40=          |   |                        | OR       | X80=       | , , , ,                |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                |              |                              |                  |       | +135=         |   |                        | OR       | +270=      |                        |  |
| • If  | the difference  | in column 1 is                            | less than ze          | ro, ente     | r "0" in c                   | n column 2       |       | TOTAL         |   |                        | OR<br>OR | TOTAL      |                        |  |
| W 1960 CLAIMS AS AMENDED - PART II  |   |   |                       |              |                              |                  | IOIA  |               | <u>ا ــــــــــــــــــــــــــــــــــــ</u> | JOA                    | OTHER    | THAN       |                        |  |
|   | VO C  | (Column 1)                                | (Column 2) (Column 3) |              |                              |                  |       | SMALL ENTITY  |   |                        | OR       | SMALL      |                        |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | NUN<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATI          | Ε   | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | -143                                      | Minus                 | 3            | 30                           | =113             |       | X\$ 9         | H   |                        | OR       | X\$18=     | 2,034                  |  |
|   | Independent   | . 3                                       | Minus                 | •••          | 4                            | = 80             |       | X40:          | =   |                        | OR       | X80=       | 9                      |  |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                       |              |                              |                  |       | +135          | _   |                        |          | +270=      | 9                      |  |
|   |   |   |                       | `            |                              |                  |       |               | TAL   |                        | OR       | TOTAL      |                        |  |
|   |   |   |                       | - 32 -       |                              |                  |       | ADDIT. F      |   | <u> </u>               | OR       | ADDIT. FEE | 2/027                  |  |
|   |   | (Column 1) CLAIMS                         |                       |              | IMN 2)<br>HEST               | (Column 3)       | 1     |               |   | ADDI-                  | 1        |            | ADDI-                  |  |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT           |                       | PREV         | ABER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |       | RAT           | E   | TIONAL<br>FEE          |          | RATE       | TIONAL<br>FEE          |  |
|   | Total   |   | Minus                 | ••           |                              | =                |       | X\$ 9         | =   |                        | OR       | X\$18=     |                        |  |
|   | Independent   | • .                                       | Minus                 | •••          |                              | -                | 1     | X40           | =   | ,                      | OR       | X80=       |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                       |              |                              |                  |       | +135          | <br>i=  |                        | OR       |            |                        |  |
|   |   |   |                       |              |                              |                  |       | TO            | TAL   |                        | OR       | TOTAL      |                        |  |
|   |   | (0-1                                      |                       | <b>10</b> -1 | ov                           | (C-1: 0)         |       | ADDIT.        | FEE   |                        | 1011     | ADDIT. FEE |                        |  |
|   |   | (Column 1)<br>CLAIMS                      | Til .                 |              | ımn 2)<br>HEST               | (Column 3)       | 1     |               |   | 4001                   | 1        |            | ADDI-                  |  |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT           |                       | PREV         | MBER<br>IOUSLY<br>FOR        | PRESENT<br>EXTRA |       | RAT           | E   | ADDI-<br>TIONAL<br>FEE |          | RATE       | TIONAL<br>FEE          |  |
|   | Total   | •   | Minus                 |              |                              | =                |       | X\$ 9         | =   |                        | OR       | X\$18=     |                        |  |
|   | Independent   | •   | Minus                 | •••          |                              | =                |       | X40           | =   |                        | OR       | X80=       |                        |  |
|   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DE            | PENDEN       | IT CLAIM                     | •                | j     | +135          |   |                        | 1        |            |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write *0" in column 3. |   |   |                       |              |                              |                  |       |               | =<br>TAL                                      | <u> </u>               | OR       | +270=      | ļ                      |  |
| **  | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDI"  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                       |              |                              |                  |       |               |   |                        | OR       | ADDIT. FEE |                        |  |
|   | The "Highest Nun  | nber Previously Pa                        | aid For (Total o      | or Indepen   | dent) is th                  | e highest numb   | er fo | aund in th    | еар   | propriate bo           | x in ca  | olumn 1,   |                        |  |